

Requesting Organization :	Action For Development			
Allocation Type :	2nd Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
NUTRITION		100.00		
		100		
Project Title :	Provision of life saving nutrition Nutrition services to Gemaiza IDPs and Terekeka host communities in Terekeka, Central Equatoria.			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-17/H/103440	Fund Project Code :	SSD-17/HSS10/SA2/N/NGO/6596	
Cluster :	Nutrition	Project Budget in US\$:	205,996.40	
Planned project duration :	6 months	Priority:		
Planned Start Date :	01/08/2017	Planned End Date :	31/01/2018	
Actual Start Date:	01/08/2017	Actual End Date:	31/01/2018	
Project Summary :	<p>In May 2017 there was outbreak of fighting between the Mundari and Dinka Bor tribes of Mangalla North Payam and Gemeiza Payam of Terekeka state, resulting into displacement of 20,325 individuals into the 8 islands of Gemeiza on river Nile in Terekeka county. It was reported that significant life was lost on both sides during the clash, looting and destruction took place, which has force thousands to flee on the islands for safety and protection and hence, livelihood activities of normal situation totally disrupted increasing the vulnerability risk among the affected population currently living on the islands as mentioned above. During the inter-agency assessment in May, it was observed that the affected population has serious food security problem as most of their reserve was looted in the course of fighting and as result it was reported that three people died of starvation. The IDPs survived through one meals per day or in 24hrs and other coping mechanisms includes eating wild leaves, some sale of assets to get food. There is limited access to market in Muni, Terekeka and Kuda more than five hours across in western ban. In as much as the nutritional status of the children according to MUAC screening was found to be stable (as reported-), it's quite evident that the situation will deteriorate and worsen if no immediate intervention is not instituted considering SAM of 2.9% (based on MUAC) and MAM of 7.9% (based on MUAC) was serious. The common morbidity occurring in these locations among children under five are, ARI, Skin, Eye and Diarrheal disease and however no mortality was recorded, no cholera outbreak reported as well. Most of the under-five have been vaccinated for routine and the recent measles campaign. The WASH at the IDPS side is very, very bad (as reported by the assessment team) , there is need for more clean water source since some of the water points get dirty during the rain seasons. This can be potentially dangerous especially water borne diseases and cholera outbreak leading serious acute malnutrition among the young children.</p> <p>AFOD already has on-going nutrition, community health and education programs funded by UNICEF, WFP and HPF2 in Terekeka county. The current Nutrition program only addresses needs of the host population and did not factor in the influx of IDPs during the planning phase.</p> <p>AFOD is therefore planning to address the nutritional needs of the vulnerable groups –the children below 5yrs and PLW. AFOD will work closely with other partners already on the ground e.g. ADRA, Terekeka County Health department (CHD) and partners from the education, protection and GBV cluster during implementation of the Nutrition intervention among IDPs. This planned response will therefore be easily integrated into the health/Nutrition/education interventions which AFOD already has in Terekeka county. As part of the planned response, AFOD will improve access to Nutrition services among IDPs in Gemeiza payam by carrying out weekly outreaches to the IDPs camps and the surrounding host communities to provide nutrition screening, treatment and nutritional education. The nutrition outreaches will be integrated with health components like immunization, growth monitoring and malaria screening/treatment.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
2,927	6,341	3,902	4,228	17,398

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	2,927	5,834	3,083	3,340	15,184
Pregnant and Lactating Women	0	507	0	0	507
Children under 5	0	0	819	888	1,707

Indirect Beneficiaries :

The indirect beneficiaries are the host community in Gemeiza County especially the malnourished detected during mass screening as well as the pregnant and lactating women (PLW). Its estimated at least more than 10% of the vulnerable host population shall indirectly benefit from this nutrition intervention –both preventive (MIYCN) and - treatment (OTP) and (TSFP) .

Catchment Population:

The estimated population of Terereka State according to the adjusted statistics is 206,287 individuals of whom over 9,352 are estimated to be in Gemeiza county (formally payam), implying the catchment population in the vicinity of the IDP sites is 9,352 of whom 1964 are children < 5yrs (21%) and PLW are about 748 who will benefit from nutritional screening and MIYCN and those found malnourished will benefit from the programme.

Link with allocation strategy :

This project is in line with SSHF Nutrition Cluster response objectives of improving access to nutrition services among IDPs and host communities in South Sudan. The Nutritional response among the IDPs in Gemeiza will be integrated with other cluster activities like malaria screening, immunization (Health) and hand washing (WASH) for maximum benefit to the beneficiaries.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Ecega Alfred Guli	Executive Director	guli_edss@afodi.org	+211956667338
Arizi Primo Vunni	Head of Programme	arizi_spmss@afodi.org	arizi_spmss@afodi.or

BACKGROUND**1. Humanitarian context analysis**

Gemeiza payam is found in an hard to reach area in Terekeka count approximately 62km from Terekeka County headquarters accessible by water that require 2 hour of boat ride for moving and 4hours for coming back due to water resistant. Up to 20,325 IDPs have been displaced to Gemeiza islands since May 2017 due to fighting between Mundari community and Dinka Bor tribe. All medicines and Nutrition supplies at Gemeiza PHCU were looted during the fighting and the health facility was vandalized. According to assessment done in May, the IDPs are lacking access to Nutrition, health care, safe water and sanitation services. During the initial assessment in May, 3 SAM and 8 MAM cases were identified among 101 children screened at the IDPs camp. Health workers were also not available at the IDPs camp to deliver nutrition services. There is therefore need to provide emergency Nutrition services to the IDPs population and host community and to timely pre-position of essential emergency Nutrition supplies to prevent the nutrition situation from deteriorating among the IDPs.

2. Needs assessment

Inter-agency needs assessment was carried out on 23rd May, 2017 in Gemeiza County to ascertain the number of displaced and prevailing situation regarding basic services like food, shelter, WASH, nutrition, protection etc. An estimate 20,325 IDPs were found living on 8 Islands. Nutrition screening conducted using MUAC indicated 2.9% Severe acute and 7.9% Moderate Acute. There was reported high morbidity attributed to ARI, Malaria and diarrhea. The WASH is very bad and can be potential source of water borne disease and outbreak of cholera.

3. Description Of Beneficiaries

A total of 17,398 beneficiaries out of 20,325 IDPs will benefit from this project either directly or Indirectly; About 1326 children 6-59months shall directly benefit from the nutrition screening and treatment as well as IYCF towering promoting exclusive breastfeeding and its protection, optimal BF and complementary feeding. While 507 pregnant and lactating women (PLW) shall also directly benefit from the nutrition screening and treatment for malnutrition. The remaining 18,111 comprising of 2,927 men of 5,854 men, 5,834 women, 3,083 boys and 3,340 girls shall benefit indirectly from hygiene promotion, and health and nutrition education which is critical for the social mobilization of the IDP and host communities in Gemeiza and Terekeka respectively.

4. Grant Request Justification

AFOD South Sudan in line with Nutrition cluster objectives and priorities will undertake to implement the agreed activities to ensure IDPs and host communities are provided much needed Nutrition services. Currently AFOD is implementing Nutrition and education intervention to the vulnerable communities in Terekeka with support from UNICEF, WFP and HPF2. However the onset of the inter-tribal fighting in Gemeiza has posed a lot of burden on already fragile health system. AFOD is constrained with resource limitation to respond to the Nutrition and other needs of the IDPs and host community. Provision of resources to respond to Nutritional needs of the displaced people and host population will greatly help to improve Nutritional wellbeing of the girls, boys women, PLWs and men.

5. Complementarity

AFOD South Sudan signed PCA with UNICEF, FLA with WFP and contract agreement with HPF in consortium with ADRA for provision of nutrition services in Terekeka. These activities are already on-going and this project will therefore, be implemented in an integrated approach to achieve the desired results and goal. The funds requested under this project will mainly be to bridge the gaps that currently exist in response to the emergency nutrition needs of the people affected.

LOGICAL FRAMEWORK

Overall project objective

To provide lifesaving emergency nutrition services to Gemeiza IDPs and Terekeka host communities in Terekeka State, Central Equatoria

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	100

Contribution to Cluster/Sector Objectives : The project contributes to cluster objective 1 of delivering quality lifesaving services for management of acute malnutrition for the most vulnerable and at risk

Outcome 1

Improved access to quality lifesaving nutrition services targeting children < 5 years and PLW in Gemeiza IDP site and Terekeka host communities.

Output 1.1

Description

Screening and treatment of SAM and MAM cases among children 6-59 months in IDPs camps of Gemeiza and host community of Terekeka

Assumptions & Risks

Security situation improves

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	[Frontline] Number of children (6-59 months) screened and referred for treatment of either SAM or MAM			819	888	1,707
Means of Verification : Reports and OPD attendance registers							
Indicator 1.1.2	NUTRITION	[Frontline] Number of children (12 -59 months) dewormed in non NID areas			688	746	1,434
Means of Verification : Reports							
Indicator 1.1.3	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			140	110	250
Means of Verification : Reports							
Indicator 1.1.4	NUTRITION	[Frontline] Number of PLWs with acute malnutrition newly admitted for treatment in TSFP		200			200
Means of Verification : Reports/registers							
Indicator 1.1.5	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with MAM and treated with RUSF supplies from the pipeline			260	240	500
Means of Verification : Registers/reports							
Indicator 1.1.6	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	15	15			30
Means of Verification : Training reports							
Indicator 1.1.7	NUTRITION	[Frontline] Percentage of SAM discharged cured (cure rate) out of the total discharged from TFP (OTP/SC) services					0
Means of Verification : Reports/registers							
Indicator 1.1.8	NUTRITION	[Frontline] Percentage of SAM discharged died (death rate) out of the total discharged from TFP (OTP/SC) services					0
Means of Verification : Registers							
Indicator 1.1.9	NUTRITION	[Frontline] Percentage of SAM children defaulted (defaulter rate) out of the total discharged from TFP (OTP/SC)					0
Means of Verification : Registers							

Activities

Activity 1.1.1							
Screening, admission and treatment of SAM and MAM cases							
Activity 1.1.2							
Identification and referral of SAM with complication to SC							
Activity 1.1.3							
Provide IYCF services to PLWs and men							
Activity 1.1.4							
Providing deworming for children 12-59 months							
Activity 1.1.5							
Screen and treat PLWs with acute malnutrition at TSFP							
Activity 1.1.6							
Conduct basic training/fresher for the health facility staff and community mobilizers, and mother support groups on CMAM and MIYCN							
Activity 1.1.7							
conduct follow up and defaulter tracing in community							
Activity 1.1.8							
Conduct regular supportive supervision, and close monitoring of the implementation of the activities to track progress							
Outcome 2							
Percent PLWs and care takers of children (0-23 months) with increased knowledge, attitude & practice on MIYCN focusing on exclusive breast feeding & complimentary diet							
Output 2.1							
Description							
PLWs & caretakers of children (0-23 months) regularly attending to MIYCN sessions on exclusive breast feeding & complimentary diet							
Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		813			813
Means of Verification : reports/register							
Indicator 2.1.2	NUTRITION	[Frontline] Percentage of PLWs/care givers who are aware of their rights and entitlements with respect to nutrition programs					0
Means of Verification : Reports							
Indicator 2.1.3	NUTRITION	[Frontline] Percentage of PLWs who consider the complaints mechanisms effective, Confidential and safe.					0
Means of Verification :							
Indicator 2.1.4	NUTRITION	[Frontline] Number of health, WASH, nutrition sessions conducted by community nutrition workers					60
Means of Verification :							
Activities							
Activity 2.1.1							
To conduct weekly MIYCN sessions on exclusive breast feeding & complimentary diet for PLWs & caretakers of children (0-23 months)							
Activity 2.1.2							
Conduct awareness and sensitization in communities and PLWs/caregivers on nutrition issues and exclusive breastfeeding							
Activity 2.1.3							
Establish effective feedback mechanism system for PLWS/caregivers and communities							
Activity 2.1.4							
Raise awareness and provide information on beneficiaries on their rights and entitlement in the nutrition sites in Gemeza and Terekeka							
Activity 2.1.5							
Involve communities in design, implementation, monitoring and evaluation on the nutrition project in Gemeza and Terekeka							
Additional Targets : The host communities in Gemeza and Terekeka shall benefit from the project. Its estimated that at least more than 30% of the surrounding host will directly benefit from the intervention.							

M & R

Monitoring & Reporting plan

AFOD South Sudan will provide daily progress and situation update, weekly and monthly and quarterly reports to nutrition cluster. A Standardized and harmonized tool for nutrition information system (NIS) developed by nutrition cluster of South Sudan shall be used for monthly reporting during the project duration. Weekly report shall be obtained from the daily screening tallies from the IDP sites. There will also be weekly site partners review meeting. Additional weekly coordination meeting with nutrition partners and other stakeholders will be conducted.

There will be a periodic field visit by AFOD management to verify source of data for accuracy and reliability for decision making. Additionally data collected and submitted by field team will be verified by the technical team at Juba office before submitting to the cluster.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Screening, admission and treatment of SAM and MAM cases	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Identification and referral of SAM with complication to SC	2017								X	X	X	X	X
	2018	X											
Activity 1.1.3: Provide IYCF services to PLWs and men	2017								X	X	X	X	X
	2018	X											
Activity 1.1.4: Providing deworming for children 12-59 months	2017								X	X	X	X	X
	2018	X											
Activity 1.1.5: Screen and treat PLWs with acute malnutrition at TSFP	2017								X	X	X	X	X
	2018	X											
Activity 1.1.6: Conduct basic training/fresher for the health facility staff and community mobilizers, and mother support groups on CMAM and MIYCN	2017								X	X			
	2018												
Activity 1.1.7: conduct follow up and defaulter tracing in community	2017								X	X	X	X	X
	2018	X											
Activity 1.1.8: Conduct regular supportive supervision, and close monitoring of the implementation of the activities to track progress	2017								X	X	X	X	X
	2018	X											
Activity 2.1.1: To conduct weekly MIYCN sessions on exclusive breast feeding & complimentary diet for PLWs & caretakers of children (0-23 months)	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: Conduct awareness and sensitization in communities and PLWs/caregivers on nutrition issues and exclusive breastfeeding	2017								X	X	X	X	X
	2018	X											
Activity 2.1.3: Establish effective feedback mechanism system for PLWS/caregivers and communities	2017								X	X	X	X	X
	2018	X											
Activity 2.1.4: Raise awareness and provide information on beneficiaries on their rights and entitlement in the nutrition sites in Gemeza and Terekeka	2017								X	X	X	X	X
	2018	X											
Activity 2.1.5: Involve communities in design, implementation, monitoring and evaluation on the nutrition project in Gemeza and Terekeka	2017								X	X	X	X	X
	2018	X											

OTHER INFO

Accountability to Affected Populations

AFOD South Sudan is committed to ensuring that those affected are involved in all stages of the project i.e planning, implementation and monitoring. We shall ensure two way feedback platforms is created so that IDPs can share their feelings and perception about the services being provided.

Through the Camp Coordination and Management focal Agency in the IDPs site, complaint desk shall be established to receive feedback and complaints from the beneficiaries about the services, the feedback and comment of the beneficiaries shall be considered when reviewing and adjusting the project.

During Community sensitization and mobilization for activities, any feedback shall be transmitted to the community about the project, the project will promote harmony among the IDPs and will no any means. promote or prolong the conflict, the services will be provided to every eligible beneficiaries regardless of race, tribe and ethnic dimensions. The beneficiary lists in the IDPs will be generated and displayed at various locations within the IDP settlement for easy access and verification by both the service providers and target beneficiaries.

Implementation Plan

AFOD South Sudan will deploy key personnel consisting of nutritionist, nutrition Nurses, Community Mobilization Assistants and volunteers . While AFOD's Executive Director, Head of Program as well Emergency Nutrition Coordinator, Programme Manager and M & E Manager will provide backstopping to the project team. AFOD South Sudan has established Institutional arrangement which will support and complement the implementation of this project. The programme Manager will provide daily updates, weekly and monthly reports to AFOD South Sudan management for processing and submission to the cluster and other partners.

AFOD will implement the management of SAM cases as complimentary to the support from UNICEF, WFP and HPF, SAM cases discharged to TSFP will be managed, We will also work with other health partners such as ADRA, the county Health Department and the State in delivering primary Health Care services at the PHCCs and Terekeka County hospital for secondary care and Stabilization Centre. The provision of supplies at the OTPs will be supported by UNICEF while WFP will provide supplies for management of MAM cases at TSFP sites respectively.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	UNICEF through the PCA support in funding, provision of RUFT and other supplies at OTP sites, they also ensure no pipeline breakage for sustained service delivery, provision of guideline and overall supervision and mentorship for quality implementation and reporting.
WFP	WFP support in provision of plumpy sup and other supplies for MAM management at TSFP sites. AFOD will be responsible for the ensuring MAM services are provided
ADRA/HPF	ADRA provides primary health care services to the IDPs in Terekeka in all PHCCs and PHCUs, AFOD will collaborate with ADRA to ensure both nutrition and other primary health services in IDPs sites are integrated for easy coordination as well to avoid duplication.
National MOH/State Ministry of health and County health departments	National/State MOH and county health department is responsible to provide oversight function and providing technical assistant to ensure management at of nutrition activities is done in line with MOH guidelines. AFOD will collaborate with National MOH/SMOH and CHD to ensure referrals are managed properly, follow up and joint monitoring

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

AFOD South Sudan will place special focus on advocating for women, girls, boys and elderly people as well as people with disability so that specific interventions will be tailored to address their needs. This project will address gender concerns e.g. GBV and child protection awareness and sensitization will also be promoted in the IDP sites.

Protection Mainstreaming

AFOD will coordinate with protection cluster to ensure the target beneficiaries have dignity and safety while life saving nutrition intervention is provided to them, the nutrition services will be provided to target beneficiaries regardless of race, tribe, sex and special needs. The community structures such as Mother support groups, IYCF groups, local community leaders will be empowered to demand for their right for nutrition service in the IDPs localities.

Country Specific Information

Safety and Security

The project environment still remain insecure. AFOD will however collaborate with other partners especially RRC and UNMISS on security related issues and updates to ensure its staff and the beneficiaries are safe. All areas our interventions shall be mapped for security updates and clearance before travelling out.

Access

UNDSS will map all locations Terekeka, Gemeza and out where project will be implemented. Our project team will rely on the daily security update provided by UNDSS/UNMISS in collaboration with the government for safe corridor and likely security risks within the project location. Where it is warranted, AFOD will discuss with security partners to be provided armoured escort to access some of the areas with insecurity after weighing the risks on the staff.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Health workers	D	2	600.00	6	100.00	7,200.00
	<i>Additional 2 Nutrition Nurses will be hired to beef up the existing staff, each will be paid at \$600 x 6 months x 2 = \$7,200 for six months will be spent on Nutrition nurses</i>						
1.2	Nutrition Assistants	D	8	300.00	6	100.00	14,400.00
	<i>8 Nutrition Assistants will be hired to provide mobile emergency medical services at the IDPs camps in Gemeiza and each will be paid \$300 x 6 months x 8 = 14,400</i>						
1.3	community mobilization assistants	S	40	200.00	6	50.00	24,000.00
	<i>40 Community Mobilization Assistants will be hired to support in community mobilization and screening, each will be paid \$200 for six months and will translate into \$40,000. However, the this project will only contribute 50% of the total, which is \$24,000 only for the 6 months.</i>						
1.4	community volunteers	S	30	400.00	1	50.00	6,000.00
	<i>Incentive inform of materials such as gum boot and umbrellas will be given to community volunteers, each group will be given a monthly incentive of \$400 for 30 members who are engaged in Community activities; This project will only support 50% of the total cost which is \$6,000</i>						
	Section Total						51,600.00
2. Supplies, Commodities, Materials							
2.1	Motor boat hire	D	2	300.00	6	100.00	3,600.00
	<i>Two motor boats will be hired to support movement of staff to and fro for nutrition outreaches to Gemeiza IDPs camp in Terekeka, at a daily rate of \$300 x 2 x 6 months= \$3,600.</i>						
2.2	Vehicle running cost	s	2	600.00	6	100.00	7,200.00
	<i>This cost includes two vehicle; one for already one vehicle for AFOD and the other is the hired; the running cost include; fuel and maintenance as in regular service, a monthly \$600 per month for 6 months and this will translate into \$7200</i>						
2.3	Utility (Water, Generator fuel)	D	1	500.00	6	100.00	3,000.00
	<i>A monthly cost of \$500 will be expended on utility. Total of \$3000 will be spent in six months period.</i>						
2.4	Stationeries	D	1	300.00	6	100.00	1,800.00
	<i>Flips charts, Markers, writing pads, pens and printing & photocopying of tools. Monthly cost = \$300 x 6 months = \$1800</i>						
2.5	Visibility materials	D	1	12,000.00	1	50.00	6,000.00
	<i>Printing of visibility items T-shirts, banners, caps and jackets for emergency response team. Lump sum costs for assorted items (50 jackets, 700 T-shirts, 200 caps, 30 banners). This project will cover only 50% of the total cost which is \$6000</i>						
2.6	Provide and install 6 tents	D	6	0.00	6	100.00	0.00
	<i>Acquire and install 6 tents for provision of Nutrition services from UNICEF</i>						
2.7	Procure materials	D	50	100.00	1	100.00	5,000.00
	<i>Procure 20 chairs, 10 tables and 20 benches each costing \$100x50=\$5,000</i>						
	Section Total						26,600.00
3. Equipment							
3.1	NA		0	0.00	0	0.00	0.00
3.2	NA		0	0.00	0	0.00	0.00
3.3	NA		0	0.00	0	0.00	0.00

3.4	NA			0	0.00	0	0.00	0.00
3.5	NA			0	0.00	0	0.00	0.00
Section Total								0.00
4. Contractual Services								
NA	NA	NA		0	0.00	0	0	0.00
Section Total								0.00
5. Travel								
5.1	In country travels (Juba-Tekekeka- Juba) JCO	D	2	300.0 0		6	100.00	3,600.00
<i>Two officers from Juba Country (Head of Programme and Emergence Coordinator/Nutrition Expert will travel twice in a month to Terekeka by road and will incur costs of \$300 and with return amounting to (\$300 x 2 staff x 6 months)=\$3600.</i>								
5.2	Perdiem for Field staff on mission	D	80	50.00		6	100.00	24,000.00
<i>4 additional staff shall be deployed from Juba to support the field team, they will be paid a daily perdiem of \$50 for 80 days each ,month for 6 months totaling to (60 days x \$50 x 6 months)= \$24,000</i>								
5.3	Quarterly supervision and monitoring of nutrition activities in Terekeka	D	2	0.00		0	100.00	0.00
<i>AFOD senior technical staff from country office will provide quarterly supervision and monitoring visits in Terekeka with state authorities, integrated with other planned supervisory visits supported by UNICEF and HPF</i>								
Section Total								27,600.00
6. Transfers and Grants to Counterparts								
6.1	NA			0	0.00	0	0.00	0.00
6.2	NA			0	0.00	0	0.00	0.00
6.3	NA			0	0.00	0	0.00	0.00
6.4	NA			0	0.00	0	0.00	0.00
6.5	NA			0	0.00	0	0.00	0.00
Section Total								0.00
7. General Operating and Other Direct Costs								
7.1	Communication and internet	D	1	2,000 .00		6	50.00	6,000.00
<i>Airtime for communication and monthly subscription for modem /Internet servicing</i>								
7.2	Printing or reproduction of IEC materials for BCC	D	1	4,000 .00		1	50.00	2,000.00
<i>A lumpsum amount of \$2,100 (which is 50%) will be spent on printing of education, information and training materials in supporting emergency Nutrition service delivery.</i>								
7.3	Conduct weekly outreach, Mobile and community mobilization	D	8	950.0 0		6	100.00	45,600.00
<i>Weekly outreach and mobile Nutrition services will be conducted to IDP sites at a rate of \$ 950 which totals to (8 days x \$950 x 6 months) a total of \$3600 will be spent in a month and that translates into 38,000 in 5 months.</i>								
7.4	Conduct referrals of 24 SAM cases with complication to SC in Juba for appropriate care and management	D	8	200.0 0		6	100.00	9,600.00
<i>Refer 24 complicated cases for better care to the health facilities . A monthly rate of 200 is expected to be spent on referrals that translates into (8 referrals x \$200 x 6 months= \$9,600 in six months</i>								

7.5	Provide and distribute nutrition supplies from UNICEF and WFP to nutrition sites	D	0	0.00	6	100.00	0.00
<i>Nutrition supplies will be obtained from UNICEF and WFP provided to health facilities for management of malnutrition cases</i>							
7.6	Conduct refresher training for HWs, nutrition staff and volunteers on CMAM and MIYCN	D	30	700.00	1	100.00	21,000.00
<i>30 health workers will be oriented/trained on CMAM guidelines each at cost of \$700, which totals to= 30 x \$700= \$21,000. This project will contribute 50% which is \$7,500.</i>							
7.7	conduct follow up and defaulter tracing in community	D	14	30.00	6	100.00	2,520.00
<i>14 community nutrition volunteers/nurses will conduct monthly follow up and tracing of defaulters in the communities, each at rate of \$25, totaling to 14x\$20x6 months= 2,520</i>							
Section Total							86,720.00
SubTotal			289.00				192,520.00
Direct							155,320.00
Support							37,200.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							13,476.40
Total Cost							205,996.40
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Central Equatoria	100	2,927	6,341	3,902	4,228	17,398	
Documents							
Category Name				Document Description			